

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0005251

DO NOT WRITE
ON THIS STUB

AMENDED

MR FILED 04 64

042

1000

Registrar's No.

233

STATE FILE NUMBER

VS 300 Rev. 4/59		DATE AMENDED		1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission) a. STATE Missouri b. COUNTY Andrew	
1 5117		DATE AMENDED		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 25 days	
2 0020		DATE AMENDED		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3		DATE AMENDED		3. NAME OF DECEASED (Type or print) Olive Cunningham		4. DATE OF DEATH Month February Day 28 Year 1964	
4 1		DATE AMENDED		5. SEX female		6. COLOR OR RACE white	
5 2		DATE AMENDED		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-3-93	
6		DATE AMENDED		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	
7 1		DATE AMENDED		11. BIRTHPLACE (City and state or country) Lee County, Virginia		12. CITIZEN OF WHAT COUNTRY U S A	
8 2		DATE AMENDED		13a. FATHER'S NAME James E. Zion		13b. MOTHER'S MAIDEN NAME Alice Muncey	
9 174x		DATE AMENDED		14. NAME OF HUSBAND OR WIFE Joseph Cunningham		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of:) no	
10		DATE AMENDED		16. INFORMANT Address RFD # 1 Mrs. Howard Zion, Bolckow, Mo.		17. INTERVAL BETWEEN ONSET AND DEATH 24 days	
11		DATE AMENDED		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peritonitis		INTERVAL BETWEEN ONSET AND DEATH unknown	
12 1-2		DATE AMENDED		Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Uterine carcinoma		DUE TO (c)	
13 1-0		DATE AMENDED		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinomatous metastases to rectum + urinary bladder.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
		DATE AMENDED		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
		DATE AMENDED		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
		DATE AMENDED		20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year			
		DATE AMENDED		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		DATE AMENDED		20f. CITY, TOWN, OR LOCATION Graham, Missouri		COUNTY Savannah STATE Missouri	
		DATE AMENDED		21. I attended the deceased from Jan. 10, 1963 to Feb. 28, 1964 and last saw her alive on Feb. 27, 1964 Death occurred at 12:43 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
		DATE AMENDED		22a. SIGNATURE W.E. Maxwell, D.O. (Degree or title)		22b. ADDRESS 424 Court, Savannah, Mo.	
		DATE AMENDED		22c. DATE SIGNED 2/29/64 (State)			
		DATE AMENDED		23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 2-28-64	
		DATE AMENDED		23c. NAME OF CEMETERY OR CREMATORY 100F Cemetery		23d. LOCATION (City, town, or county) Graham, Missouri	
		DATE AMENDED		24. FUNERAL DIRECTOR Breit & Hawkins ADDRESS Savannah		25. DATE RECD. BY LOCAL REG. Mar. 3, 1964	
		DATE AMENDED		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell			

DOCUMENT

W.E. Maxwell, M.D. CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

USE BLACK INK
OR
TYPEWRITER RIBBON

Permitted 2-28-64

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James B. Hawkins
Licensed Embalmer No. 4536

P. O. Address Savannah

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.